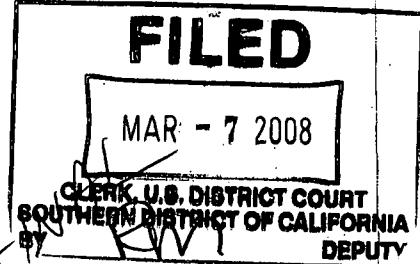


RICARDO LOPEZ
 PLAINTIFF/PETITIONER/MOVANT'S NAME
 V-49533
 PRISON NUMBER

California Men's Colony East
 PLACE OF CONFINEMENT
 Cell 6231
 P.O. Box 8101
 San Luis Obispo, CA. 93409-8101
 ADDRESS



2254 1983 ✓

FILING FEE PAID	
Yes	No
HFP MOTION FILED	
Yes	No
COPIES SENT TO	
Court	ProSe

United States District Court
 Southern District Of California

'08 CV 0438 H LSP

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

RICARDO LOPEZ Plaintiff/Petitioner/Movant
 v.
 C. COOK
 R.H. MEISEL, O.D.
 N. BARRERAS, C.M.O
 MAJID MANI, M.D. Defendant/Respondent

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
 PAUPERIS**

I, Ricardo Lopez
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without
 prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this
 proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment	Yes	<input checked="" type="radio"/> No <input type="radio"/>
b. Rent payments, royalties interest or dividends	Yes	<input checked="" type="radio"/> No <input type="radio"/>
c. Pensions, annuities or life insurance	Yes	<input checked="" type="radio"/> No <input type="radio"/>
d. Disability or workers compensation	Yes	<input checked="" type="radio"/> No <input type="radio"/>
e. Social Security, disability or other welfare	Yes	<input checked="" type="radio"/> No <input type="radio"/>
f. Gifts or inheritances	Yes	<input checked="" type="radio"/> No <input type="radio"/>
f. Spousal or child support	Yes	<input checked="" type="radio"/> No <input type="radio"/>
g. Any other sources	Yes	<input checked="" type="radio"/> No <input type="radio"/>

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? Yes No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value: _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

Court ordered restitution

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 2-19-08

Ricardo López Ricardo López
SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Ricardo Lopez
(NAME OF INMATE)

V 49533

(INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

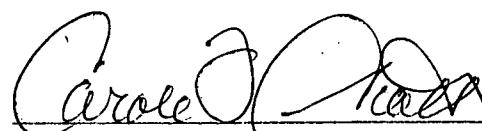
the past six months the applicant's *average monthly balance* was \$ 1,24,

and the *average monthly deposits* to the applicant's account was \$ 2,94

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

3/4/08

DATE



SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

CAROLE F. SCOTT

OFFICER'S FULL NAME (PRINTED)

ACCOUNTING TECH

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed *in forma pauperis*. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed *in forma pauperis*.)

1. **Ricardo Lopez, # V-49533**

(Name of Prisoner/ CDC No.)
 request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either • \$150 (civil complaint) or • \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 2-19-08

Ricardo Lopez
 SIGNATURE OF PRISONER

CALIFORNIA DEPARTMENT OF CORRECTIONS

CALIFORNIA NEWS COLONY

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 04, 2007 THRU MAR. 04, 2008

ACCOUNT NUMBER : U49533

BED/CELL NUMBER: EFCQB6F200006279X

ACCOUNT NAME : LOPEZ, RICARDO

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
------	------	-------------	---------	-----------	----------	-------------	---------

10/04/2007		BEGINNING BALANCE					0.00
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ACTIVITY FOR 2008

01/02*UD54	INMATE PAYROL	2797/06		6.30		6.30
01/09*W516	LEGAL COPY CH	3010			4.80	1.50
02/01*UD54	INMATE PAYROL	3334/09		0.98		2.48
02/01*UD54	INMATE PAYROL	3334/09		2.91		5.39
02/07	FC01	DRAW-FAC 1	1	CE1		5.39
03/03*UD54	INMATE PAYROL	3777-08		7.43		7.43

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/15/2008	H118	LEGAL COPIES HOLD	3616/W516	3.30

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/10/04

CASE NUMBER: BA259963

COUNTY CODE: LA

FINE AMOUNT: \$ 2,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
10/04/2007		BEGINNING BALANCE		2,000.00
01/02/08	UR54	RESTITUTION DEDUCTION-SUPPORT	7.00-	1,993.00
02/01/08	UR54	RESTITUTION DEDUCTION-SUPPORT	1.07-	1,991.93
02/01/08	UR54	RESTITUTION DEDUCTION-SUPPORT	3.23-	1,988.70
03/03/08	UR54	RESTITUTION DEDUCTION-SUPPORT	8.25-	1,980.45

CALIFORNIA NEWS COLONY
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 04, 2007 THRU MAR. 04, 2008

ACCT: U49533 ACCT NAME: LOPEZ, RICARDO ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *

* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	17.62	10.19	7.43	3.30	0.00

CURRENT
AVAILABLE
BALANCE

4.13

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
By *Carole* *McAllister*
TRUST OFFICE 3-4-08

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA MEN'S COLONY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 04, 2007 THRU MAR. 04, 2008

TOTAL NUMBER OF STATEMENTS PRINTED: 1

TOTAL CURRENT BALANCE FOR ALL THE STATEMENTS: 7.43